



FY 2010-11
Schools Insurance Group
Adopted Dental & Vision Rates
For Active & Retired Employees

Dental Plans	SIG Code	Composite CxxxSA	Subscriber Only Txxx00	Sub + Spouse TxxxS0	Sub + Children Txxx0A	Sub + Family TxxxSA
Dental I w/50% ortho \$1,000 Max	DEL1X	\$91.50				
Dental I w/50% ortho \$1,500 Max	DEL1A	\$105.00				
Dental I w/50% ortho \$2,000 Max	DEL1B	\$116.25				
Dental II w/o ortho \$1,000 Max	DEL2X	\$80.75	\$44.25	\$88.50	\$79.00	\$123.25
Dental II w/o ortho \$1,500 Max	DEL2A	\$93.50	\$51.50	\$103.00	\$92.25	\$143.75
Dental II w/o ortho \$2,000 Max	DEL2B	\$104.00	\$57.75	\$115.50	\$104.00	\$161.75
Dental III w/50% ortho \$750 Max	DEL3X	\$72.50				
Dental IV w/o ortho \$750 Max	DEL4X	\$61.50				
Vision Plans	SIG Code	Composite CxxxSA	Subscriber Only Txxx00			
Plan B - no deductible	VS00	\$22.25	\$8.90			
Plan C - no deductible	VSC00	\$26.85				
Plan C - \$5 deductible	VSC05	\$21.85				
Plan C - \$10 deductible	VSC10	\$20.40	\$9.40			
<i>New vision accounts are subject to a 20% surcharge the first year and 10% the second year.</i>						